



Attorney Docket No.: CRE-05-1234R

In re Application of James E. Johansson, et al.

Serial No.: 09/990,013

Filed: November 21, 2001

For: SHIPPING BASE FOR APPLIANCES

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ Small entity status of this application under 37 CFR §1.9 and §1.27 has been established.

☐ A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.

☒ No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)

(Col. 2) (Col. 3)

SMALL ENTITY

OTHER THAN  
SMALL ENTITY

|  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHEST<br>NO. PRE-<br>VIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|---|--|------------------|
| TOTAL  | * 20                                      | - | ** 20=                                     | 0                |
| INDEP.   | * 6                                       | - | ** 6=                                      | 0                |
| Application Size Fee                           |   |   |  |                  |
| First Presentation of Multiple Dependent Claim |   |   |  |                  |

| RATE    | ADD'L<br>FEE |
|---------|--------------|
| x 25 =  | \$           |
| X 100 = | \$           |
|         | \$           |
| +180=   | \$           |

OR

| RATE    | ADD'L<br>FEE |
|---------|--------------|
| x50 =   | \$           |
| x 200 = | \$           |
| x250=   | \$           |
| +360=   | \$           |

TOTAL ADDITIONAL FEE

\$\_\_\_\_\_ OR

\$0.00

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.


\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-2719 in the amount of \$\_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ is attached.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees under 37 CFR §1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.

Respectfully submitted,



Thomas J. Durling  
Reg. No. 31,349  
Attorney for Applicants

TJD:rb

DLA Piper Rudnick Gray Cary LLP  
One Liberty Place, Suite 4900  
1650 Market Street  
Philadelphia, PA 19103  
Phone: (215) 656-2431  
Fax: (215) 656-2498  
thomas.durling@dlapiper.com

**PATENT**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**CUSTOMER NO. 35811**  
Docket No.: CRE-05-1234R  
Confirmation No.: 2419

Art Unit : 3632  
Examiner : Le, Tan  
Serial No. : 09/990,013  
Filed : November 21, 2001  
Inventors : James E. Johanson, et al.  
Title : SHIPPING BASE FOR APPLIANCES

Dated: December 2, 2005

**RESPONSE TO FINAL OFFICE ACTION**

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This is in response to the Office Action dated August 4, 2005. A three month response period is set by this action. A request for a one month extension of time and the appropriate fee accompany this response. This extension resets the deadline to December 4, 2005.

The present action is classified as "final". A request for continued examination accompanies this response. The appropriate fee for the RCE also accompanies this response.

**Amendments to the Claims** are reflected in the listing of claims, which begin on page 2 of this paper. **Remarks/Arguments** begin on page 7 of this paper.

Charge any fee associated with this response, and credit any overpayment, to deposit account 50-2719.